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towns. Physicians are being asked for to give talks before selected audiences, chiefly women's clubs. Some talks on home nursing with demonstrations are being included. We are finding that our women are, after all, not as much interested in the history of art or the literature of the ancients as they are in knowing how to keep their families in health and safety.

The influence does not stop here. It leads the mothers of the community to inquire into school conditions, into the milk supply, into the question of pure or impure ice, into the condition of public morals, etc. It may go even to the surprising length of making a conservative woman ask for the ballot. During one of these classes when social evils were being discussed, a sweet, retiring mother spoke out with a voice that thrilled with emotion, "If these things are so, I see why women need to vote. I never did before."

DENTAL CLINICS.

By MARY E. THORNTON, R. N.

IN New York City, during 1908-1909, the inspectors of the Bureau of Child Hygiene found that of the 323,000 children examined in the public schools, 183,000 had defective teeth. An examination of 500 children just leaving school and applying for employment certificates showed that 489 needed immediate dental treatment.

With these facts set forth by her chief, and knowing from her experience as school nurse that there was virtually no provision for attending to the teeth of these children, Miss Clark of the staff of school nurses, with the approbation of her chief, the co-operation of her superintendents, and the generosity of interested friends, set about opening a dental clinic. After a long search, suitable quarters were found in a flat in a congested district, 449 East 121st Street,—a waiting room and an operating room on the first floor, and an extracting room on the floor above. The children pass from the waiting room into the operating room as the number is called, and thence out to the street, in order that the confidence of those waiting may not be disturbed.

The rooms are arranged with the idea of having them serve as an educational centre and everything in the clinic, no matter how small, is just as it is, and where it is, to influence the mind of the patient. The pictures on the walls, the individual drinking cups (donated by the

manufacturers) used on extracting days, paper napkins, tooth brushes, all combine to help create a desire for cleanliness and healthfulness.

The child is referred by the school nurse, makes application to the clinic, is examined by the doctor, then Miss Clark visits the home in order to observe conditions and obtain such history as is not given by the child. One advantage about the child's coming directly from school to the clinic is that he is apt to tell a straight story, an adult is inclined to embellish. The family history is always taken, in order to demonstrate that the clinic does not tend to pauperize; in addition it will furnish statistics for living conditions, etc.

Once a week, or during the time the child is having teeth attended to, the mother must visit the clinic and receive instruction in oral and general hygiene; if the patient can afford to pay for powder and brush, a charge is made, if not, they are given free. The office hours are from 1 to 5 P. M. on school days, and from 9 A. M. to 1 P. M. on Saturdays. The dentists are thus able to attend to their own practices in the morning, and the nurse to visit the homes of the children. Thus in a three-fold manner, with the child in the clinic, with the mother when she attends the conference, and with the visit to the home, a portrayal of what a good-looking healthy boy or girl should be is impressed upon the family.

INFECTION WITH SCARLET FEVER FROM CURED PATIENTS.—The *New York Medical Journal*, quoting from a German contemporary, says: Preisich calls attention to the fact that after desquamation has been completed and the patient has been discharged as cured, cases have been reported as having communicated the disease six weeks or more later. It is a question whether the virus may not be contained in the secretions of the throat and nose, in pus from the ear, in the secretions of the kidney, or in other secretions or excretions. If this is the case we have no means to-day by which to ascertain when the person recovered from scarlet fever ceases to be infectious.